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Fill in this information to identify your case:						
Debtor 1	ANGIE	D.	VALENTIN			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name EASTERN	Last Name PENNSYLVANIA			
United States Bankruptcy Court for the: District of						
Case number (If known)	18-17497					

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

__08/17/2019______

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

F	Part 1: Describe Employm	ent						
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-fi	ling spouse	
	If you have more than one job,				DEB	TOR HAS MARRI	ED IN JUNE 2019	
	attach a separate page with information about additional employers.	Employment status	☑ Employed☑ Not employed			☑ Employed☑ Not employed		
	Include part-time, seasonal, or self-employed work.		DECICTEDE	D MI	LIDCE			
	Occupation may include student or homemaker, if it applies.	Occupation	REGISTERED NURSE					
		Employer's name	TEMPLE UNI	VER	SITY HOSPITAL	TEMPLE UNIVE	RSITY HOSPITAL	
		Employer's address	2450 W. HUN Number Street	TING	G PARK AVENUE	2450 W. HUNTIN	NG PARK AVENUE	
				TT A	DA 10120	DITH A DEL DITA	DA 10120	
			PHILADELPH City	State		PHILADELPHIA, City	State ZIP Code	
	How long employed there? <u>10 YEARS</u>							
F	Part 2: Give Details About Monthly Income							
	Estimate monthly income as of spouse unless you are separated.		. If you have nothir	ng to	report for any line, write	e \$0 in the space. Inclu	ude your non-filing	
	If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.							
					For Debtor 1	For Debtor 2 or non-filing spouse		
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be				2.	\$ <u>7,321.67</u>	\$		
3. Estimate and list monthly overtime pay.				3.	+\$3,368.39	+ \$		
4. Calculate gross income. Add line 2 ± line 3			4	\$ 10,690.06	\$			

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

ANGIE D. First Name

Document VALENTIN

Case number (if known)

18-17497

		For Debtor 1	For Debtor 2 or non-filing spouse			
Copy line 4 here	. 🗲 4.	\$ <u>10,690.06</u>	\$			
5. List all payroll deductions:						
	-	• 2 991 06	Φ.			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 2,881.96	\$			
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$			
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$			
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$			
5e. Insurance	5e.	\$_784.91	\$			
5f. Domestic support obligations	5f.	\$0.00	\$			
5g. Union dues	5g.	\$76.46	\$			
5h. Other deductions. Specify: PARKING	5h.	+\$_134.63	+ \$			
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5	5h. 6.	\$_3,877.96	\$			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_6,812.10	\$			
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$			
8b. Interest and dividends	8b.	¢	\$			
8c. Family support payments that you, a non-filing spouse, or a depen		Φ	Ψ			
regularly receive	dent					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$			
8d. Unemployment compensation	8d.	\$	\$			
8e. Social Security	8e.	\$	\$			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies. Specify:		\$	\$			
Og Bancian or retirement income	9.0	œ.	ф			
8g. Pension or retirement income	8g.	\$	\$			
8h. Other monthly income. Specify:	8h.		+\$	7		
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>6,812.10</u>	+ \$	= \$ <u>6,812.10</u>		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.						
Do not include any amounts already included in lines 2-10 or amounts that a Specify: DEBTOR NETS \$2,140.00 FROM HER HUSBAND MARIO, The				+ \$\frac{2,140.00}{}{}		
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain			-	\$_8,952.10		
,		,		Combined		
13. Do you expect an increase or decrease within the year after you file thi	is form?			monthly income		
Yes. Explain: DEBTOR'S UNION CONTRACT IS SCHEDUI	LED TO	EXPIRE IN OC	TOBER 2019. NO CC	 DLLECTIVE		

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4.36

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2.48

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25.41

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93.30

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109.05

s

\$ 237.03

\$ 346.09

(278 DAYS)

PER DAY

\$ 134.63

\$ 76.46

\$ 784.91

3,368.39 \$ 2,881.96

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PER MONTH \$10,690.47 \$ 7,321.67

MEETING OF CREDITORS: 3/13/2019 DATE FILED BKY: 11/12/2018